



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICATION FOR LICENSURE BY RECIPROCITY**

COMMITTEE OF MARITAL & FAMILY THERAPISTS  
 3605 MISSOURI BOULEVARD  
 PO BOX 1335  
 JEFFERSON CITY, MO 65102-1335  
 MARTIALFAM@PR.MO.GOV

**YOU MAY APPLY FOR RECIPROCITY IF YOU HAVE BEEN LICENSED AT FULL LICENSURE STATUS FOR ONE YEAR WITH NO DISCIPLINES**

Please enter responses in black ink with all sections completed. Failure to complete a section will result in the application being returned and delay committee review. **The fee is \$100.** This application must be mailed with the fee. **DO NOT FAX OR EMAIL THIS APPLICATION.** Please see instructions at [pr.mo.gov/marital.asp](http://pr.mo.gov/marital.asp) and click on Application Forms icon or you may apply online at [mopro](http://mopro)

Pursuant to §324.024, RSMo, disclosure of your Social Security Number (SSN) is mandatory. The committee will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the committee to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of the statutory or constitutional duty or power. The committee can also disclose your SSN to another governmental agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the committee to provide your SSN to child support and tax compliance officials.

**I. GENERAL INFORMATION AND STATEMENT OF APPLICANT (ORIGINAL SIGNATURE REQUIRED)**

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)								
2. SOCIAL SECURITY NUMBER (REQUIRED)			3. DATE OF BIRTH		4. RACE (VOLUNTARY)		5. GENDER (VOLUNTARY) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
6. MAILING ADDRESS ACTUAL RESIDENTIAL ADDRESS, STREET AND BOX NO.				7. CITY			8. STATE	9. ZIP
9. EMAIL ADDRESS				10. PRIMARY TELEPHONE NUMBER				

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as a Marital & Family Therapist in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application for licensure as required by the Missouri law governing the practice of marital & family therapy and subject to the rules of the Missouri Committee of Marital & Family Therapists. I subscribe and agree to abide by all applicable laws and rules regarding the practice of Marital & Family Therapists. I hereby certify that I have familiarized myself with sections 337.700-337.739 RSMo, and applicable rules promulgated by the Missouri Committee of Marital & Family Therapists.

Fingerprinting is handled by the state's fingerprint services vendor- IndentoGo. To be fingerprinted, you have to schedule a fingerprinting appointment on the Missouri Automated Criminal History Site (MACHS) website, [www.machs.mo.gov](http://www.machs.mo.gov) or call 844-543-9712. Registration Number: 5409 must be provided to send your print results to the Board. The fingerprinting fee is \$43.05 but is subject to change. Fingerprinting fees are paid to the state vendor; the Board does not receive or collect fingerprinting fees.

I have enclosed the application fee. I understand that the Committee may require further information or evidence that it deems reasonable and proper. I authorize communication via email, concerning this application and results of committee review.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	APPLICANT SIGNATURE ▶	
	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

**OFFICE USE ONLY**

NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)

9. LIST ALL OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A LICENSE/CERTIFICATE TO PRACTICE COUNSELING, PSYCHOLOGY, SOCIAL WORK, OR MARRIAGE AND FAMILY THERAPY IN ORDER OF ATTAINMENT.

STATE	LICENSE/CERTIFICATE NUMBER	ISSUE DATE	CURRENT STATUS

**II. APPLICANT HISTORY**

Please answer the following questions (Yes answers **MUST** be explained in writing on a separate sheet of paper and attached to the application.) **YES NO**

- 1. Have you, or any license or right to practice held by you, been restricted or disciplined? Such a disciplinary action to include, but not be limited to, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not, by any US state, territory, federal agency, Canadian province or foreign country.  YES  NO
- 2. Have you ever taken an examination or been licensed by another professional licensing board? If yes, please list the board name, state, and license number.  YES  NO
- 3. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold?  YES  NO
- 4. Have you ever been arrested, charged, subject to prosecution, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States whether or not sentence was imposed? You must answer "yes" even in the event of a suspended imposition of sentence or suspended execution of sentence was received/ordered.  YES  NO
- 5. Have you been charged with or convicted of a violation of any federal or state drug laws or rules whether or not sentence was imposed or suspended?  YES  NO
- 6. Are you now or have you in the last five years been addicted to any drug or chemical substance including alcohol?  YES  NO
- 7. Have you had a judgment rendered against you based upon fraud, misrepresentation, or deception related to the practice of counseling?  YES  NO
- 8. Have you ever been named as a defendant in a civil suit related to counseling?  YES  NO

**TAX COMPLIANCE**

All persons and business entities licensed with the Division of Professional Registration are required to have paid all state taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. The following tax information must be provided:

**Pursuant to Section 324.010, RSMo:**

- Were you a Missouri resident in any of the last 3 years?  Yes  No
- Did you have any Missouri income in any of the last 3 years?  Yes  No
- Were you subject to Missouri income tax in any of the last 3 years?  Yes  No

**All questions must be completed. False statements are subject to criminal penalties and/or license discipline. For tax questions, contact the Department of Revenue at (573) 751-7200 or e-mail income@dor.mo.gov**

**MILITARY BENEFITS/SERVICE**

- Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?  Yes  No
  - Would you like to receive information and assistance regarding veterans benefits and services?  Yes  No
  - May the agency share your contact information with the Missouri Veterans Commission to provide such information?  Yes  No
- General information may also be found at the Missouri Veterans Commission's website <https://mvc.dps.mo.gov/>.

We plan to communicate updates, alerts, and other information from MOPRO via text message!

Check this box and provide your cell phone number here \_\_\_\_\_ If you would like to be alerted in the future via SMS Text for renewals and opt in for MOPRO functionality updates.